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CONFIRMATION NO. 3937

SERIAL NUMBER 10/522,134	FILING OR 371(c) DATE 08/29/2005 RULE	CLASS 530	GROUP ART UNIT 1711	ATTORNEY DOCKET NO. 85084-402
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/CA03/01125 07/28/2003 which claims benefit of 60/398,552 07/26/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 8	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

Recombinant vesicular stomatitis virus vaccines for viral hemorrhagic fevers

FILING FEE RECEIVED 1630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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